

**NOTICE OF PROPOSED EXPEDITED RULEMAKING**  
**TITLE 9. HEALTH SERVICES**  
**CHAPTER 24. DEPARTMENT OF HEALTH SERVICES – ARIZONA MEDICALLY**  
**UNDERSERVED AREA HEALTH SERVICES**

**PREAMBLE**

- 1. Article, Part, or Section Affected (as applicable) Rulemaking Action**

R9-24-201.	Amend
R9-24-202.	Amend
R9-24-203.	Amend
R9-24-204.	Amend
R9-24-205.	Repeal
R9-24-301.	Amend
R9-24-302.	Amend
- 2. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**

Authorizing statutes: A.R.S. §§ 36-132(G)

Implementing statutes: A.R.S. §§ 36-2352, 36-2353, and 36-2354
- 3. Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the record of the proposed expedited rule:**

Notice of Rulemaking Docket Opening: 26 A.A.R. XXXX, May XX, 2020 (filed May 19, 2020)
- 4. The agency’s contact person who can answer questions about the rulemaking:**

Name: Patricia Tarango, Bureau Chief

Address: Arizona Department of Health Services  
Division of Public Health Services, Public Health Prevention  
Bureau of Women’s and Children’s Health  
150 N. 18th Ave., Suite 320  
Phoenix, AZ 85007-3248

Telephone: (602) 542-1436

Fax: (602) 364-1496

E-mail: Patricia.Tarango@azdhs.gov

or

Name: Robert Lane, Administrative Counsel

Address: Arizona Department of Health Services

Office of Administrative Counsel and Rules  
150 N. 18th Ave., Suite 200  
Phoenix, AZ 85007

Telephone: (602) 542-1020

Fax: (602) 364-1150

E-mail: [Robert.Lane@azdhs.gov](mailto:Robert.Lane@azdhs.gov)

**5. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, under A.R.S § 41- 1027, to include an explanation about the rulemaking:**

On January 14, 2020, the Governor's Regulatory Review Council approved the five-year-review report (Report) for 9 A.A.C. 24. The Department, in its 2019 Arizona Medically Underserved Area Health Service Report identified that the rules are effective; however, the rules could be improved to make clearer and increase understandability of the rules by simplifying and clarifying some requirements; updating antiquated language and outdated definitions and references; and making minor technical and grammatical changes. On May 15, 2020, the Department received an exception from the rulemaking moratorium, established by Executive Order 2020-02, to amend the rules through expedited rulemaking to clarify confusing requirements related to the primary care index and primary care boundaries determination and update obsolete criterion used for designating primary care areas, the value ranges within each criterion, and the points attached to each value within a criterion. The Department also plans to include other changes identified in the Report. The changes identified will not increase the cost of regulatory compliance, increase a fee, or reduce procedural rights of a regulated person. Amending the rules as identified in the Report meets the criteria for expedited rulemaking and implements a course of action proposed in a five-year-review report. This rulemaking achieves the purpose prescribed in A.R.S. § 41-1027(A)(7) to implement a course of action proposed in a five-year-review report. The Department believes amending these rules will eliminate confusion and reduce regulatory burden. The proposed amendments will conform to rulemaking format/style requirements of the Governor's Regulatory Review Council and the Office of the Secretary of State.

**6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

The Department did not review or rely on any study for this rulemaking.

**7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state.**

Not applicable

**8. The preliminary summary of the economic, small business, and consumer impact:**

Under A.R.S. § 41-1055(D)(2), the Department is not required to provide an economic, small business, and consumer impact statement.

**9. The agency's contact person who can answer questions about the economic, small business, and consumer impact statement:**

Not applicable

**10. Where, when, and how persons may provide written comments on the proposed expedited rule:**

Close of record: July 8, 2020 at 4:00 p.m.

A person may submit written comments on the proposed expedited rules no later than the close of record to either of the individuals listed in item 4.

**11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

There are no other matters prescribed by statutes applicable specifically to the Department or this specific rulemaking.

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

The Article 2 rules establish requirements for determining whether a primary care area may be designated as an Arizona medically underserved area and the Article 3 rules specifies functions for a coordinating medical provider. The Department believes the rules are exempt from the general permit requirement pursuant to A.R.S. 41-1037(A)(3).

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**

There are no federal rules applicable to the subject of the rule.

**c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**

No such analysis was submitted.

12. **A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**

None

13. **The full text of the rules follows:**

**TITLE 9. HEALTH SERVICES**  
**CHAPTER 24. DEPARTMENT OF HEALTH SERVICES**  
**ARIZONA MEDICALLY UNDERSERVED AREA HEALTH SERVICES**

**ARTICLE 2. ARIZONA MEDICALLY UNDERSERVED AREAS**

- R9-24-201. Definitions
- R9-24-202. Arizona Medically Underserved Area Designation
- R9-24-203. Primary Care Index
- ~~Table 1,~~Table 2.1. Primary Care Index Scoring
- R9-24-204. Primary Care Area Boundaries Determination
- R9-24-205. ~~Time frames~~ Repealed

**ARTICLE 3. COORDINATING MEDICAL PROVIDERS**

- R9-24-301. Definitions
- R9-24-302. CPM Functions

## ARTICLE 2. ARIZONA MEDICALLY UNDERSERVED AREAS

### R9-24-201. Definitions

In addition to the definitions in A.R.S. § 36-2351, the following definitions apply in this Article, unless otherwise specified:

1. ~~“Act, event, or default” means an occurrence or the failure of something to occur.~~
2. ~~“Agency” has the same meaning as in A.R.S. § 41-1001.~~
3. ~~“Ambulatory care sensitive conditions” means the illnesses listed in the first table of Appendix B (entitled “Ambulatory Care Sensitive Conditions”) to “Using Administrative Data to Monitor Access, Identify Disparities, and Assess Performance of the Safety Net,” in *Tools for Monitoring the Health Care Safety Net*, AHRQ Publication No. 03-0027, September 2003, Agency for Healthcare Research and Quality, Rockville, MD, and available on the web site of the Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, at <http://www.ahrq.gov/data/safetynet/billappb.htm>.~~
4. ~~“Arizona Medical Board” means the agency established by A.R.S. § 32-1402 to regulate physicians licensed under A.R.S. Title 32, Chapter 13.~~
5. ~~“Arizona medically underserved area” means:~~
  - a. ~~A primary care area or part of a primary care area with the designation described in R9-24-202(1), or~~
  - b. ~~A primary care area with the designation described in R9-24-202(2).~~
6. ~~“Arizona Regulatory Board of Physician Assistants” means the agency established by A.R.S. § 32-2502 to regulate physician assistants.~~
7. ~~“Arizona State Board of Nursing” means the agency established by A.R.S. § 32-1602 to regulate nurses and nursing assistants.~~
8. ~~“Birth life expectancy” means the average life span at the time of birth according to the most recent U.S. life expectancy data in the National Vital Statistics Reports of the National Vital Statistics System, available on the web site of the National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, at <http://www.cdc.gov/nchs/fastats/lifexpec.htm>.~~
9. ~~“Board of Osteopathic Examiners in Medicine and Surgery” means the agency established by A.R.S. § 32-1801 to regulate physicians licensed under A.R.S. Title 32, Chapter 17.~~
10. ~~“Boundary change” means a re-determination of the geographic limits of a primary care area.~~
11. ~~“Census block” means a geographic unit that is:~~

- a. ~~The smallest unit of census geography established by the U.S. Census Bureau, and~~
  - b. ~~One of approximately 8 million similar units covering the entire nation.~~
12. ~~“Day” means calendar day:~~
- a. ~~Excluding the day of the act, event, or default that triggers the running of a time-frame;~~
  - b. ~~Excluding the last day of a time frame if it is a Saturday, Sunday, or legal holiday; and~~
  - c. ~~If the last day of a time frame is excluded under subsection (12)(b), including the next day that is not a Saturday, Sunday, or legal holiday.~~
13. ~~“Family unit” means:~~
- a. ~~Two or more individuals related by birth, marriage, or adoption who live at the same residence; or~~
  - b. ~~One individual who does not live at the same residence with anyone related by birth, marriage, or adoption.~~
14. ~~“First health care contact” means the initial telephone call or visit to a health care provider as defined in 45 CFR 160.103 for an individual’s health issue.~~
15. ~~“Full time” means providing primary care services for at least 40 hours between a Sunday at 12:00 midnight and the next Sunday at 12:00 midnight.~~
16. ~~“Health organization” means:~~
- a. ~~A person or entity that provides medical services;~~
  - b. ~~A third party payor defined in A.R.S. § 36-125.07(C); or~~
  - c. ~~A trade or professional association described in 501(c)(3), (4), (5), or (6) of the Internal Revenue Code, 26 U.S.C. 501(c), that is exempt from federal income taxes.~~
17. ~~“Indian reservation” has the same meaning as in A.R.S. § 11-801.~~
18. ~~“Legal holiday” means a state service holiday listed in A.A.C. R2-5-402.~~
19. ~~“Local planning personnel” means individuals who develop programs related to the delivery of and access to medical services for places or areas:~~
- a. ~~Under the jurisdiction of an Arizona city or county, or~~
  - b. ~~In an Arizona Indian reservation or less than 50 miles outside the boundaries of an Indian reservation.~~
20. ~~“Low weight birth” means the live birth of an infant weighing less than 2500 grams or 5 pounds, 8 ounces.~~
21. ~~“Medical services” has the same meaning as in A.R.S. § 36-401.~~

22. ~~“Mobility limitation” means an individual’s physical or mental condition that:~~
- a. ~~Has lasted for at least six months;~~
  - b. ~~Impairs the individual’s ability to go outside the individual’s residence alone, and~~
  - c. ~~Is not a temporary health problem such as a broken bone that is expected to heal normally.~~
23. ~~“Motor vehicle” has the same meaning as in A.R.S. § 28-101.~~
24. ~~“Nonresidential” means not primarily used for living and sleeping.~~
25. ~~“Person” has the same meaning as in A.R.S. § 41-1001.~~
26. ~~“Physician assistant” has the same meaning as in A.R.S. § 32-2501.~~
27. ~~“Political subdivision” means a county, city, town, district, association, or authority created by state law.~~
28. ~~“Population” means the number of residents of a place or an area, according to:~~
- a. ~~The most recent decennial census prepared by the U.S. Census Bureau and available at <http://www.census.gov>; or~~
  - b. ~~The most recent Population Estimates for Arizona’s Counties, Incorporated Places and Balance of County prepared by the Department of Economic Security Arizona Office of Economic Opportunity and available at <http://www.workforce.az.gov/?PAGED=67&SUBID=137>.~~
29. ~~“Poverty threshold” means calendar year income relative to family unit size that:~~
- a. ~~Determines an individual’s poverty status;~~
  - b. ~~Is defined annually by the U.S. Census Bureau, and~~
  - c. ~~Is available for the most recently completed calendar year at <http://www.census.gov/hhes/poverty/threshld.html>.~~
30. ~~“Primary care area” means a geographic region determined by the Department under R9-24-204.~~
31. ~~“Primary care HPSA” means primary care health professional shortage area designated by the U.S. Department of Health and Human Services under 42 U.S.C. 254e, 42 CFR 5.1 through 5.4, and 42 CFR Part 5, Appendix A.~~
32. ~~“Primary care index” means the document in which the Department designates primary care areas as medically underserved according to R9-24-203 and Table 1.~~
33. ~~“Primary care provider” means a physician, physician assistant, or registered nurse practitioner who:~~
- a. ~~Except for emergencies, is an individual’s first health care contact; and~~



- ~~b. Provides primary care services in general or family practice, general internal medicine, pediatrics, or obstetrics and gynecology.~~
- ~~34. “Primary care services” means health care provided by a primary care provider, including:
  - ~~a. Illness and injury prevention;~~
  - ~~b. Health promotion and education;~~
  - ~~c. Identification of individuals at special risk for illness;~~
  - ~~d. Early detection of illness;~~
  - ~~e. Treatment of illness and injury; and~~
  - ~~f. Referral to specialists.~~~~
- ~~35. “Primary care services utilization pattern” means a distribution of the use of primary care services resulting from the factors listed in R9 24 204(A)(3)(a).~~
- ~~36. “Registered nurse practitioner” has the same meaning as in A.R.S. § 32-1601.~~
- ~~37. “Residence” means a structure or part of a structure where an individual lives and sleeps.~~
- ~~38. “Resident” means an individual who lives and sleeps in a place or an area more than one-half of the time.~~
- ~~39. “Residential” means primarily used for living and sleeping.~~
- ~~40. “Self care limitation” means an individual’s physical or mental condition that:
  - ~~a. Has lasted for at least six months;~~
  - ~~b. Impairs the individual’s ability to perform activities such as dressing, bathing, or moving around inside the individual’s residence; and~~
  - ~~c. Is not a temporary health problem such as a broken bone that is expected to heal normally.~~~~
- ~~41. “Specialist” means an individual who:
  - ~~a. Is regulated under:
    - ~~i. A.R.S. Title 32, Chapters 7, 8, 11, 13, 14, 15, 15.1, 16, 17, 18, 19, 19.1, 25, 28, 29, 33, 34, 35, 39, or 41;~~
    - ~~ii. A.R.S. Title 36, Chapter 6, Article 7; or~~
    - ~~iii. A.R.S. Title 36, Chapter 17; and~~~~
  - ~~b. Meets the education, knowledge, and skill requirements generally recognized in the profession related to a specific service or procedure, patient category, body part or system, or type of disease.~~~~
- ~~42. “Street route” means a course of travel by road.~~
- ~~43. “Temporary” means lasting for a limited time.~~

- 44. ~~“Topography” means the surface configuration of a place or region, including elevations and positions of the physical features.~~
- 45. ~~“Travel pattern” means a prevalent flow of motor vehicles resulting from:~~
  - a. ~~The configuration of streets, and~~
  - b. ~~The location of residential and nonresidential areas.~~
- 46. ~~“Value” means a number within a value range.~~
- 47. ~~“Value range” means, for a criterion listed in R9-24-203(B) and Table 1, a measurement:~~
  - a. ~~Consisting of a scale between upper and lower limits, except for the supplementary criteria score under R9-24-203(B)(12); and~~
  - b. ~~To which Table 1 assigns points or 0 points.~~
- 48. ~~“Work disability” means an individual’s physical or mental condition that:~~
  - a. ~~Has lasted for at least six months,~~
  - b. ~~Limits the individual’s choice of jobs or prevents the individual from working for more than 34 hours per week, and~~
  - e. ~~Is not a temporary health problem such as a broken bone that is expected to heal normally.~~

In addition to the definitions in A.R.S. § 36-2351, the following definitions apply in this Article, unless otherwise specified:

- 1. “Agency” has the same meaning as in A.R.S. § 41-1001.
- 2. “Arizona Medical Board” means the agency established by A.R.S. § 32-1402 to regulate physicians licensed under A.R.S. Title 32, Chapter 13.
- 3. “Arizona medically underserved area” means:
  - a. A primary care area with the designation described in R9-24-202(1), or
  - b. A primary care area with the designation described in R9-24-202(2).
- 4. “Board of Osteopathic Examiners in Medicine and Surgery” means the agency established by A.R.S. § 32-1801 to regulate physicians licensed under A.R.S. Title 32, Chapter 17.
- 5. “Census tract” means a small, relatively permanent statistical subdivision of a county established by the U.S. Bureau of Census.
- 6. “Communities of color” means individuals who self identify their race/ethnicity as anything other than Non-Hispanic White.
- 7. “Disability” means physical, mental, or sensory impairment as reported to the American Community Survey that may include hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty and independent living difficulty.

8. “Federal poverty level” means a set of money income thresholds that vary by family size and composition used by the U.S. Census Bureau to determine who is in poverty.
9. “First health care contact” means the initial telephone call or visit to a health care provider as defined in 45 CFR 160.103 for an individual’s health issue.
10. “Full-time” means providing primary care services for at least 40 hours between a Sunday at 12:00 midnight and the next Sunday at 12:00 midnight.
11. “Health organization” means:
  - a. A person or entity that provides medical services;
  - b. A third party payor defined in A.R.S. § 36-125.07(C); or
  - c. A trade or professional association described in 501(c)(3), (4), (5), or (6) of the Internal Revenue Code, 26 U.S.C. 501(c), that is exempt from federal income taxes.
12. “Indian reservation” has the same meaning as in A.R.S. § 11-801.
13. “Local planning personnel” means an individual who develop programs related to the delivery of and access to medical services for places or areas:
  - a. Under the jurisdiction of an Arizona city or county, or
  - b. In an Arizona Indian reservation or less than 50 miles outside the boundaries of an Indian reservation.
14. “Low birthweight” means any neonate weighing less than 2,500 grams at birth or less than 5 pounds 8 ounces.
15. “Medical services” has the same meaning as in A.R.S. § 36-401.
16. “Nonresidential” means not primarily used for living and sleeping.
17. “Person” has the same meaning as in A.R.S. § 41-1001.
18. “Political subdivision” means a county, city, town, district, association, or authority created by state law.
19. “Population” means the number of residents of a place or an area, according to the most recent American Community Survey prepared by the U.S. Census Bureau.
20. “Primary care area” means a geographic region determined by the Department under R9-24-204.
21. “Primary care HPSA” means primary care health professional shortage area designated by the U.S. Department of Health and Human Services under 42 U.S.C. 254e, 42 CFR 5.1 through 5.4, and 42 CFR Part 5, Appendix A.
22. “Primary care index” means the document in which the Department designates primary care areas as medically underserved according to R9-24-203 and Table 1.1.

23. “Primary care physician” means an Arizona licensed practitioner who:
- a. Except for emergencies, is an individual’s first health care contact; and
  - b. Provides primary care services in general or family practice, general internal medicine, pediatrics, or obstetrics and gynecology.
24. “Primary care services” means health care provided by a primary care physician, including:
- a. Illness and injury prevention,
  - b. Health promotion and education,
  - c. Identification of individuals at special risk for illness,
  - d. Early detection of illness,
  - e. Treatment of illness and injury, and
  - f. Referral to specialists.
25. “Primary care services utilization pattern” means a distribution of the use of primary care services resulting from the factors listed in R9-24-204(A)(3)(a).
26. “Resident” means an individual who lives and sleeps in a place or an area more than one-half of the time.
27. “Residential” means primarily used for living and sleeping.
28. “Specialist” means an individual who:
- a. Is regulated under:
    - i. A.R.S. Title 32, Chapters 7, 8, 11, 13, 14, 15, 15.1, 16, 17, 18, 19, 19.1, 25, 28, 29, 33, 34, 35, 39, or 41;
    - ii. A.R.S. Title 36, Chapter 6, Article 7; or
    - iii. A.R.S. Title 36, Chapter 17; and
  - b. Meets the education, knowledge, and skill requirements generally recognized in the profession related to a specific service or procedure, patient category, body part or system, or type of disease.
29. “Topography” means the surface configuration of a place or region, including elevations and positions of the physical features.
30. “Travel pattern” means a prevalent flow of vehicles resulting from:
- a. The configuration of streets, and
  - b. The location of residential and nonresidential areas.
31. “Value” means a number within a value range.
32. “Value range” means, for a criterion listed in R9-24-203(B) and Table 1.1, a measurement:

- a. Consisting of a scale between upper and lower limits, except for the supplementary criteria score under R9-24-203(B)(12); and
- b. To which Table 1.1 assigns points or 0 points.

**R9-24-202. Arizona Medically Underserved Area Designation**

The Department shall designate as Arizona medically underserved areas:

- 1. The primary care areas ~~or parts of primary care areas~~ designated as primary care HPSAs by the U.S. Department of Health and Human Services, and
- 2. The primary care areas designated as medically underserved by the Department under R9-24-203 and ~~Table 1~~ Table 1.1.

**R9-24-203. Primary Care Index**

~~A.~~ Every 12 months, the Department shall prepare, according to this Section, a primary care index for designating primary care areas determined under R9-24-204 as Arizona medically underserved areas.

- ~~1.~~ For each primary care area determined under R9-24-204, the Department shall calculate the value for each criterion in subsection (B):
  - a. ~~After calculating the value for each criterion in subsection (B), the Department shall assign points to each value according to Table 1.~~
  - b. ~~A primary care area's score is the sum of the points received by the primary care area for each criterion in subsection (B).~~
- ~~2.~~ The Department shall designate as Arizona medically underserved:
  - a. ~~The primary care areas that, according to subsection (B) and Table 1 score within the top 25 percent on the primary care index or that obtain more than 55 points, whichever results in the designation of more Arizona medically underserved areas; and~~
  - b. ~~The primary care areas or parts of primary care areas with the designation described in R9-24-202(1).~~

~~B.~~ For each primary care area determined by the Department under R9-24-204, the primary care index shall include a score for each of the following:

- ~~1.~~ Population to primary care provider ratio, determined by dividing the population of the primary care area by the number of primary care providers in the primary care area:
  - a. ~~Using primary care provider data from the Arizona Medical Board, the Board of Osteopathic Examiners in Medicine and Surgery, the Arizona State Board of Nursing, and the Arizona Regulatory Board of Physician Assistants;~~

- b. ~~Counting a full-time physician as 1.0, a full-time physician assistant as 0.8, and a full-time registered nurse practitioner as 0.8; and~~
- e. ~~If the Department determines that a physician, physician assistant, or registered nurse practitioner practices less than full-time in the primary care area, lowering the number obtained under subsection (B)(1)(b) as follows:~~
  - i. ~~Creating a fraction with a numerator that represents the number of hours per week the physician, physician assistant, or registered nurse practitioner practices in the primary care area and with a denominator of 40;~~
  - ii. ~~Multiplying 1.0 or 0.8, whichever is appropriate, by the fraction obtained under subsection (B)(1)(c)(i);~~
  - iii. ~~Subtracting the result obtained under subsection (B)(1)(c)(ii) from 1.0 or 0.8, whichever is appropriate; and~~
  - iv. ~~Subtracting the result obtained under subsection (B)(1)(c)(iii) from the number obtained under subsection (B)(1)(b);~~
- 2. ~~Travel distance to the nearest primary care provider, determined by:~~
  - a. ~~Estimating the distance in miles:~~
    - i. ~~From the center of the most densely populated area in the primary care area determined from the most recent Population Estimates for Arizona's Counties, Incorporated Places and Balance of County identified in R9-24-201(28)(b) or, for the year in which the most recent decennial census is published, from the most recent decennial census prepared by the U.S. Census Bureau; and~~
    - ii. ~~To the nearest primary care provider determined from the data described in subsection (B)(1)(a); and~~
  - b. ~~Using the most direct street route;~~
- 3. ~~Composite transportation score, determined by:~~
  - a. ~~Compiling data on the following six indicators from the most recent decennial census prepared by the U.S. Census Bureau:~~
    - i. ~~Percentage of population with calendar year income less than 100 percent of the poverty threshold;~~
    - ii. ~~Percentage of population older than age 65;~~
    - iii. ~~Percentage of population younger than age 14;~~

- iv. ~~Percentage of population with a work disability, mobility limitation, or self-care limitation;~~
  - v. ~~Percentage of population without a motor vehicle; and~~
  - vi. ~~The motor vehicle to population ratio;~~
- b. ~~Calculating the statewide average value for each of the six indicators in subsection (B)(3)(a);~~
- c. ~~Dividing the value of each indicator for each primary care area by the statewide average value for that indicator;~~
- d. ~~Multiplying the figure calculated under subsection (B)(3)(c) for each indicator by 100; and~~
- e. ~~Averaging the six indicator values obtained under subsection (B)(3)(d) for each primary care area;~~
- 4. ~~Percentage of population with calendar year income less than 200% of the poverty threshold, determined from data in the most recent decennial census prepared by the U.S. Census Bureau;~~
- 5. ~~Percentage of population with annual income between 100% and 200% of the poverty threshold, determined from data in the most recent decennial census prepared by the U.S. Census Bureau;~~
- 6. ~~Percentage of uninsured births, determined from Department birth records reporting payment source as “self pay” or “unknown;”~~
- 7. ~~Ambulatory care sensitive condition hospital admissions:~~
  - a. ~~Based on the number of hospital admissions for ambulatory care sensitive conditions per 1000 individuals living in the primary care area who are under age 65, and~~
  - b. ~~Determined from hospital inpatient and emergency department services data provided by the Department;~~
- 8. ~~Percentage of low weight births, determined from data provided by the Department;~~
- 9. ~~From data provided by the Department, the sum of the percentage of births for which the mothers reported:~~
  - a. ~~No prenatal care;~~
  - b. ~~Prenatal care that began in the second or third trimester, and~~
  - c. ~~Four or fewer prenatal care visits;~~
- 10. ~~Percentage of deaths at ages younger than the birth life expectancy, determined from the most recent U.S. life expectancy data and data provided by the Department;~~

11. ~~Number of infant deaths per 1000 live births, determined from data provided by the Department;~~
12. ~~Supplementary criteria score, based on the presence or absence in a primary care area of the following:~~
  - a. ~~Percentage of minority population greater than the statewide average for all counties, determined from data in the most recent Population Estimates for Arizona's Counties, Incorporated Places and Balance of County identified in R9-24-201(28)(b) and from data in the most recent decennial census;~~
  - b. ~~Percentage of elderly population greater than the statewide average for all counties, determined from data in the most recent Population Estimates for Arizona's Counties, Incorporated Places and Balance of County identified in R9-24-201(28)(b) and from data in the most recent decennial census; and~~
  - c. ~~Average annual unemployment rate greater than the average annual statewide rate, from data in the most recent Arizona Unemployment Statistics Program Special Unemployment Report, prepared by the Arizona Department of Economic Security; Research Administration, in cooperation with the U.S. Department of Labor, Bureau of Labor Statistics, and available at <http://www.workforce.az.gov>; and~~
13. ~~Sole provider or no provider score:~~
  - a. ~~Based on whether a primary care area has only 1.0 or less than 1.0 primary care provider;~~
  - b. ~~Counting a full time physician as 1.0, a full time physician assistant as 0.8, and a full time registered nurse practitioner as 0.8; and~~
  - c. ~~If the Department determines that a physician, physician assistant, or registered nurse practitioner practices less than full time in the primary care area, lowering the number obtained under subsection (B)(13)(b) as follows:~~
    - i. ~~Creating a fraction with a numerator that represents the number of hours per week the physician, physician assistant, or registered nurse practitioner practices in the primary care area and with a denominator of 40;~~
    - ii. ~~Multiplying 1.0 or 0.8, whichever is appropriate, by the fraction obtained under subsection (B)(13)(c)(i);~~
    - iii. ~~Subtracting the result obtained under subsection (B)(13)(c)(ii) from 1.0 or 0.8, whichever is appropriate; and~~



iv. ~~Subtracting the result obtained under subsection (B)(13)(c)(iii) from the number obtained under subsection (B)(13)(b).~~

~~C. Every 12 months, according to subsections (A) and (B) and Table 1, the Department shall:~~

- ~~1. Withdraw an Arizona medically underserved area designation,~~
- ~~2. Continue an Arizona medically underserved area designation, or~~
- ~~3. Designate a new Arizona medically underserved area.~~

~~D. A list of current Arizona medically underserved areas is available in the Department's annual Arizona Medically Underserved Areas (AzMUA) Report at <http://www.azdhs.gov/hsd/>.~~

A. Every 24 months, the Department shall prepare, according to this Section, a primary care index for designating primary care areas determined under R9-24-204 as Arizona medically underserved areas.

1. For each primary care area determined under R9-24-204, the Department shall calculate the value for each criterion in subsection (B):
  - a. After calculating the value for each criterion in subsection (B), the Department shall assign points to each value according to Table 1.1.
  - b. A primary care area's score is the sum of the points received by the primary care area for each criterion in subsection (B).
2. The Department shall designate as Arizona medically underserved:
  - a. The primary care areas that, according to subsection (B) and Table 1.1, score within the top 25 percent on the primary care index or that obtain more than 30 points, whichever results in the designation of more Arizona medically underserved areas; and
  - b. The primary care areas with the designation described in R9-24-202(1).

B. For each primary care area determined by the Department under R9-24-204, the primary care index shall include a score for each of the following:

1. Population-to-primary care physician ratio, determined by dividing the population of the primary care area by the number of primary care physicians in the primary care area:
  - a. Using primary care physician data from the Arizona Medical Board and the Board of Osteopathic Examiners in Medicine and Surgery,
  - b. The Department shall determine an equivalency for a full-time physician where 40 hours equals 1 and 20 hours equal 0.5.
2. Travel distance to the nearest primary care physician, determined by:
  - a. Estimating the distance in miles:

- i. From the center of the most densely populated area in the primary care area determined from the most recent American Community Survey prepared by the U.S. Census Bureau; and
    - ii. To the nearest primary care physician determined from the data described in subsection (B)(1)(a); and
  - b. Using the most direct street route;
  3. Percentage of population with calendar year income less than 200% of the Federal poverty level, determined from data in the most recent American Community Survey prepared by the U.S. Census Bureau;
  4. Percentage of population who do not have health insurance as determined by the most recent American Community Survey prepared by the U.S. Census Bureau;
  5. Low birthweight rate percent of births;
  6. Late or no prenatal care percent of births;
  7. Infant mortality rate per 1,000 live births;
  8. Supplementary criteria score, based on a rate greater than the state wide average for:
    - a. Percentage of population age 65 and older;
    - b. Percentage of population age 14 and younger;
    - c. Percentage of population with a disability;
    - d. Percentage of communities of color; and
    - e. Percentage of population who speaks a language other than English.
- C.** Every 24 months, according to subsections (A) and (B) and Table 1.1, the Department shall:
1. Withdraw an Arizona medically underserved area designation,
  2. Continue an Arizona medically underserved area designation, or
  3. Designate a new Arizona medically underserved area.
- D.** A list of current Arizona medically underserved areas is available in the Department's biennial Arizona Medically Underserved Areas Report at <http://www.azdhs.gov/hsd/>.

**Table 1. Table 1.1. Primary Care Index Scoring**

<b>CRITERIA</b>	<b>VALUE RANGE</b>	<b>POINTS</b>
Population to primary-care provider ratio	≤ 2000:1	0
	2001:1 to 2500:1	2
	2501:1 to 3000:1	4
	3001:1 to 3500:1	6
	3501:1 to 4000:1	8
	> 4000:1 or no provider	10
Travel distance to nearest primary care provider	≤ 15.0 miles	0
	15.1-25.0 miles	2

	25.1-35.0 miles 35.1-45.0 miles 45.1-55.0 miles ≥ 55.0 miles	4 6 8 10
Composite transportation score	51st highest score and below 41st-50th highest scores 31st-40th highest scores 21st-30th highest scores 11th-20th highest scores 10 highest scores	0 2 4 6 8 10
Percentage of population with annual income less than 200% of poverty threshold	≤ 15.0% 15.1-25.0% 25.1-35.0% 35.1-45.0% 45.1-55.0% ≥ 55.0%	0 2 4 6 8 10
Percentage of population with annual income between 100% and 200% of poverty threshold	≤ 10.0% 10.1-15.0% 15.1-20.0% 20.1-25.0% 25.1-30.0% ≥ 30.0%	0 2 4 6 8 10
Percentage of uninsured births	≤ 6.0% 6.1-10.0% 10.1-14.0% 14.1-18.0% 18.1-22.0% ≥ 22.0%	0 2 4 6 8 10
Ambulatory care sensitive condition hospital admissions	≤ 8.0 8.1-12.0 12.1-16.0 16.1-20.0 20.1-24.0 ≥ 24.0	0 2 4 6 8 10
Percentage of low-weight births	≤ 6.0% 6.1-8.0% 8.1-10.0% 10.1-12.0% 12.1-14.0% ≥ 14.0%	0 2 4 6 8 10
Sum of the percentage of births with: a. No prenatal care, b. Prenatal care begun in second or third trimester, and c. Prenatal care visits ≤ 4	≤ 15.0% 15.1-25.0% 25.1-35.0% 35.1-45.0% 45.1-55.0% ≥ 55.0%	0 2 4 6 8 10

Percentage of deaths at ages younger than birth life expectancy	$\leq 40.0\%$ 40.1-50.0% 50.1-60.0% 60.1-70.0% 70.1-80.0% $>80.0\%$	0 2 4 6 8 10
Number of infant deaths per 1000 live births	$\leq 4.0$ 4.1-6.0 6.1-8.0 8.1-10.0 10.1-12.0 $>12.0$	0 2 4 6 8 10
Supplementary criteria score	1 Criterion 2 Criteria 3 Criteria	2 4 6
Sole provider or no provider score	Primary care provider $\leq 1.0$ Primary care providers $> 1.0$	5 0
Key to Symbols $\leq$ represents "less than or equal to" $>$ represents "more than"		

<u>CRITERIA</u>	<u>VALUE RANGE</u>	<u>POINTS</u>
<u>Population-to-primary care physician ratio</u>	$\leq 3000:1$ 3001:1 to 3500:1 3501:1 to 4000:1 4001:1 to 5000:1 5001:1 to 10,000:1 $>10,000:1$ or no physician	0 2 4 6 8 10
<u>Travel distance to nearest primary care physician</u>	$\leq 10.0$ miles 10.1-20.0 miles 20.1-30.0 miles 30.1-40.0 miles 40.1-50.0 miles $> 50.0$ miles	0 2 4 6 8 10
<u>Percentage of population with annual income less than 200% of Federal poverty level</u>	$\leq 20.0\%$ 20.1-32.0% 32.1-39.0% 39.1-51.0% $>51.0\%$	0 2 4 6 8

<u>Percentage of population who do not have health insurance</u>	<u>≤ 6.2%</u> <u>6.3-9.6%</u> <u>9.7-12.2%</u> <u>12.3-17.2%</u> <u>&gt;17.2%</u>	<u>0</u> <u>2</u> <u>4</u> <u>6</u> <u>8</u>
<u>Low Birthweight Rate (percent of births)</u>	<u>≤ 6.2%</u> <u>6.3-6.9%</u> <u>7.0-7.5%</u> <u>7.6-8.2%</u> <u>&gt;8.2%</u>	<u>0</u> <u>2</u> <u>4</u> <u>6</u> <u>8</u>
<u>Late or No Prenatal Care Rate (percent of births)</u>	<u>≤ 4.6%</u> <u>4.7-6.2%</u> <u>6.3-8.7%</u> <u>8.3-12.4%</u> <u>&gt;12.4%</u>	<u>0</u> <u>2</u> <u>4</u> <u>6</u> <u>8</u>
<u>Infant Mortality Rate (per 1,000 live births)</u>	<u>≤ 3.5</u> <u>3.6-5.4</u> <u>5.5-7.0</u> <u>7.1-10.0</u> <u>&gt;10.0</u>	<u>0</u> <u>2</u> <u>4</u> <u>6</u> <u>8</u>
<p><u>In addition to the criteria specified in R9-24-203(B) and listed above, if a primary care area satisfies one or more of the following supplementary criteria, add one additional point to the primary care area score for each supplementary criteria satisfied.</u></p> <p><u>Supplementary criteria score, based on a rate greater than the state wide average for:</u></p> <ol style="list-style-type: none"> <li><u>1. Percentage of population age 65 and older;</u></li> <li><u>2. Percentage of population age 14 and younger;</u></li> <li><u>3. Percentage of population with a disability;</u></li> <li><u>4. Percentage of population who are communities of color; and</u></li> <li><u>5. Percentage of population who speaks a language other than English.</u></li> </ol>		
<p>Key to Symbols: ≤ represents “less than or equal to” and &gt; represents “more than”</p>		

**R9-24-204. Primary Care Area Boundaries Determination**

- A. The Department shall determine the boundaries of primary care areas for the entire state. A primary care area’s boundaries shall meet the following requirements:

1. The geographic area within the boundaries corresponds to or is larger than a ~~census block~~ census tract identified for the geographic area in the most recent ~~decennial census~~ American Community Survey prepared by the U.S. Census Bureau;
  2. The boundaries are consistent with the population's primary care services utilization patterns; and
  3. The primary care utilization patterns are determined by considering:
    - a. The geographic area's:
      - i. Topography,
      - ii. Social and cultural relationships of the people living within the geographic area,
      - iii. Political subdivision boundaries, and
      - iv. Travel patterns; and
    - b. Data about the type, amount, and location of primary care services used by the geographic area's population, obtained from local planning personnel, government officials, health organizations, primary care ~~providers~~ physicians, and residents of the geographic area.
- B.** In addition to the requirements for primary care area boundaries in subsection (A), the Department shall consider:
1. Indian reservation boundaries, and
  2. Primary care HPSA boundaries.
- ~~**C.** Without receiving a primary care area boundary change request under subsection (D), the Department may redetermine the boundaries of one or more primary care areas according to the requirements and considerations in subsections (A) and (B).~~
- ~~**D.** A primary care area's local planning personnel, government officials, health organizations, primary care providers, or residents may submit to the Department a primary care area boundary change request.~~
- ~~1. A person requesting a boundary change shall:
 
    - a. Make the request in writing,
    - b. Include documentation supporting the boundary change, and
    - c. Submit the request by October 1 to be considered for inclusion in the next calendar year's Arizona medically underserved area designation process.~~
  - ~~2. The Department shall review a primary care area boundary change request according to the time frames in R9-24-205.~~

**R9-24-205.     Time-frames Repeal**

- A.**     ~~The overall time frame described in A.R.S. § 41-1072 for a primary care area boundary change request under R9-24-204(C) is 90 days.~~
- ~~1.     A person requesting a boundary change and the Department may agree in writing to extend the substantive review time frame and the overall time frame.~~
  - ~~2.     An extension of the substantive review time frame and the overall time frame may not exceed 25 percent of the overall time frame.~~
- B.**     ~~The administrative completeness review time frame described in A.R.S. § 41-1072 for a primary care area boundary change request under R9-24-204(C) is 30 days and begins on the date the Department receives a boundary change request.~~
- ~~1.     Within the administrative completeness review time frame, the Department shall mail a notice of administrative completeness or a notice of deficiencies to the person requesting a boundary change.~~
    - ~~a.     A notice of deficiencies shall list each deficiency and the information or documents needed to complete the boundary change request.~~
    - ~~b.     A notice of deficiencies suspends the administrative completeness review time frame and the overall time frame from the date the Department mails the notice until the date the Department receives the missing information or documents.~~
    - ~~c.     If the person requesting a boundary change does not submit to the Department all the information and documents listed in the notice of deficiencies within 60 days after the date the Department mails the notice of deficiencies, the Department considers the boundary change request withdrawn.~~
  - ~~2.     If the Department approves a boundary change request during the administrative completeness review time frame, the Department does not issue a separate written notice of administrative completeness.~~
- C.**     ~~The substantive review time frame described in A.R.S. § 41-1072 for a primary care area boundary change request under R9-24-204(C) is 60 days and begins on the date the Department mails the notice of administrative completeness.~~
- ~~1.     Within the substantive review time frame, the Department shall mail written notification of approval or denial of the boundary change request to the person requesting a boundary change.~~
  - ~~2.     During the substantive review time frame:~~
    - ~~a.     The Department may make one comprehensive written request for additional information; and~~

- b. ~~If the Department and the person requesting a boundary change agree in writing to allow one or more supplemental requests for information, the Department may make the number of supplemental requests for information agreed to.~~
- 3. ~~A comprehensive written request for additional information or a supplemental request for information suspends the substantive review time frame and the overall time frame from the date the Department mails the request until the date the Department receives all the information and documents requested.~~
- 4. ~~If the person requesting a boundary change does not submit to the Department all the information and documents listed in a comprehensive written request for additional information or a supplemental request for information within 60 days after the date the Department mails the request, the Department shall deny the boundary change request.~~
- D. ~~The Department shall approve a primary care area boundary change request under R9-24-204(C) unless:~~
  - 1. ~~The requested boundaries do not meet the requirements in R9-24-204(A);~~
  - 2. ~~The considerations required in R9-24-204(B) support the current boundaries and outweigh the information and documents submitted with the boundary change request, or~~
  - 3. ~~The person requesting the boundary change does not submit information and documents as stated in subsection (B)(1)(c) or subsection (C)(4).~~

### ARTICLE 3. COORDINATING MEDICAL PROVIDERS

#### **R9-24-301. Definitions**

In addition to the definitions in A.R.S. § 36-2351 and 9 A.A.C. 24, Article 2, the following definitions apply in this Article, unless otherwise specified:

- 1. “CMP” means coordinating medical provider.
- 2. ~~“Continuing medical education” means instruction that meets the requirements in:~~
  - a. ~~A.A.C. R4-16-102 for a physician licensed under A.R.S. Title 32, Chapter 13;~~
  - b. ~~A.A.C. R4-17-205 for a physician assistant licensed under A.R.S. Title 32, Chapter 25; and~~
  - c. ~~A.R.S. § 32-1825 and A.A.C. R4-22-109 for a physician licensed under A.R.S. Title 32, Chapter 17.~~
- 3. ~~“Continuing nursing education” means instruction that:~~
  - a. ~~Is required by A.A.C. R4-19-511 for authorization from the Arizona State Board of Nursing for a registered nurse practitioner to prescribe and dispense drugs and devices;~~



- ~~b.~~ Meets requirements for continuing education established by a nurse credentialing organization, such as the American Nurses Credentialing Center; or
  - ~~e.~~ Provides training related to the performance of a nurse's job duties.
- 2. "Continuing education" means instruction that meets the requirements in:
  - a. A.A.C. R4-17-205 for a physician assistant licensed under A.R.S. Title 32, Chapter 25; or
  - b. A.A.C. R4-19-511 for authorization from the Arizona State Board of Nursing for a registered nurse practitioner to prescribe and dispense drugs and devices.
- 4.3. "Drug prescription services" means providing medication that requires an order by medical personnel authorized by law to order the medication.
- ~~5.~~ "Durable medical equipment" means an item that:
  - ~~a.~~ Can withstand repeated use;
  - ~~b.~~ Is designed to serve a medical purpose; and
  - ~~e.~~ Generally is not useful to an individual in the absence of a medical condition, illness, or injury.
- ~~6.4.~~ "Governing authority" has the same meaning as in A.R.S. § 36-401.
- ~~7.5.~~ "Independent decision" means a registered nurse practitioner's action without a physician's order according to A.A.C. R4-19-508 and A.A.C. R4-19-511.
- ~~8.6.~~ "Medical direction" means guidance, advice, or consultation provided by a CMP to a registered nurse practitioner.
- ~~9.7.~~ "Medical personnel" means a medical clinic's physicians, physician assistants, registered nurse practitioners, and nurses.
- ~~10.~~ "Nurse" means an individual licensed as a graduate, professional, or registered nurse or as a practical nurse under A.R.S. Title 32, Chapter 15.
- 8. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
- ~~10.9.~~ "Order" means a written directive.
- ~~11.10.~~ "Practice requirements" means the standards for physicians established in:
  - a. A.R.S. Title 32, Chapter 13 and 4 A.A.C. 16; or
  - b. A.R.S. Title 32, Chapter 17 and 4 A.A.C. 22.
- ~~12.11.~~ "Referral source" means a person who sends an individual to a third person for medical services.
- 12. "Registered nurse practitioner" means an individual licensed under A.R.S. Title 32, Chapter 15.

13. “Social services” means assistance, other than medical services, provided to maintain or improve an individual’s physical, mental, and social participation capabilities.
14. “Supervision” has the same meaning as in A.R.S. § 32-2501.
15. “Support services” means drug prescription services, social services, and provision of durable medical equipment.
16. “Work schedule coverage” means a medical clinic’s system for ensuring that a sufficient number of medical personnel are present at the medical clinic.
17. “Written protocol” means an agreement that identifies and is signed by a CMP and a registered nurse practitioner or a physician assistant.

**R9-24-302. CMP Functions**

**A.** A CMP shall:

1. Participate in planning for the delivery of medical services and support services within the Arizona medically underserved area that includes ways to increase access to medical services and support services for the Arizona medically underserved area’s residents;
2. Develop written protocols that:
  - a. Describe the manner and frequency that a registered nurse practitioner or a physician assistant at a medical clinic will communicate with the CMP, in addition to the face-to-face meeting required in subsection (A)(5);
  - b. Specify the criteria used by a registered nurse practitioner at the medical clinic in making an independent decision to refer an individual to a physician; and
  - c. Specify procedures to be followed by a physician assistant at the medical clinic when the CMP’s supervision of the physician assistant is by a means other than physical presence;
3. Approve or disapprove the selection of registered nurse practitioners and physician assistants who will work at the medical clinic;
4. Provide:
  - a. Medical direction to the registered nurse practitioners at the medical clinic, and analysis
  - b. Supervision to the physician assistants at the medical clinic;
5. At least weekly, conduct a face-to-face meeting with each registered nurse practitioner and each physician assistant at the medical clinic to evaluate the medical services provided by the registered nurse practitioner or physician assistant;
6. For ~~continuing medical education or continuing nursing education~~ continuing education of a medical clinic’s medical personnel:

- a. Recommend specific areas of instruction, including instruction in referral sources; and
    - b. Develop a written plan for work schedule coverage to accommodate ~~continuing medical education or continuing nursing education~~ continuing education; and
  - 7. At least annually, meet with the medical clinic's governing authority to evaluate the medical clinic's program and the medical care provided by the medical clinic's medical personnel.
- B.** The requirements in subsection (A) do not replace the practice requirements applicable to a CMP.